# **Statement of Financial Interests for 2018**



CONTACT INFORMATION	
Last Name:	First Name and Middle initial:
Rooney	Glenn
Work Phone Number:	Other Phone:
(975) 567-3183	
Work Email:	Other Email:
glenn.rooney@mass.gov	
Primary Residence Address:	
Redacted	
Contact mailling address	
Redacted	
You indicated that you did have a spouse residing in your household durin	g 2018.
You indicated that you had no dependent child(ren) residing in your house	hold at any time during 2018.
Candidacy and Public Service	8

1. If you are a candidate for public office, please indicate the public office you are seeking.

Filer reported none.

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2. Identify the position you now hold, or have held, which requires you to file a Statement of Financial Interests and provide the required information for that position. If you held more than one public position which requires you to file, identify each position.

Agency Name	Address	Position	Date	Amount of Income
Department of Fire Services (DFS)	P.O. Box 1025, 1 State Road, Stow, MA, 01775, US	Deputy General Counsel	08/19/2018	\$60,001 to 100,000
Department of Fire Services (DFS)	1 State Road, Stow, MA, 01775, US	Deputy General Counsel	08/20/2018	\$60,001 to 100,000

3. Other than the position(s) identified in Question 2, identify every public position you held, and every public agency to which you provided services, at any time during 2018, whether compensated or not, and whether full- or part-time.

Filer reported none.

4. Identify every public position your spouse and/or any dependent child(ren) residing in your household held, and every public agency to which your spouse and/or any dependent child(ren) residing in your household provided services, at any time during 2018, whether compensated or not, and whether full- or part-time.

Filer reported none.

# **Private Employment and Leaves of Absence**

5. Identify every Business for which you worked as an employee, manager, consultant, or independent contractor at any time during 2018, whether compensated or not, and whether full- or part-time, and provide the required information for each.

Filer reported none.

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6. Ide	ntify any Business from whi	ch you were on a lea	ve of absence at a	ny time during 2018, an	d provide its address.	
		F	Filer reported none	€.		
as an	ntify every Business for whi employee, manager, consu nd whether full- or part-time	ıltant, or independent	contractor at any	time during 2018, wheth		
Busine	ess Name	Self-employed	Address		Position	
Bay F	Path University	N/A	588 Longmeac Longmeadow,	dow Street, MA, 01106, US	Employee	
			Section	0 1		
Busir	ness Ownership and Tra	nsfers				
owned	ntify each Business of which d more than 1% of any clast rovide the required informat	s of the outstanding s		nership interest, at any t		
					š	
whole your h	ntify each Business of which or in part, an owner, partne nousehold owned more than p 2018, and provide the requ	er, or proprietor, or in 1% of any class of the	which your spous he outstanding sto	e and/or any dependent	child(ren) residing in	
		F	Filer reported none	e.		
		V VII	7 717			
	entify any stock or similar o ident child(ren) residing in y					
			Filer reported no	ne.		

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# Service as an Officer, Director, or Trustee

11. Identify any Business in which you served as an officer, director, or trustee, at any time during 2018, whether compensated or not, and whether full- or part-time, and provide the required information for each.

Filer reported none.

12. Identify any Business in which your spouse and/or any dependent child(ren) residing in your household served as an officer, director, or trustee, at any time during 2018, whether compensated or not, and whether full- or part-time, and provide the required information for each.

Filer reported none.

<u>NOTE</u>: If the Filer answered "YES" to a Question in the following section, one or more columns in the Table for that Question may be blank in the following situations: If the Filer indicated that the name of the person and/or the trust was a family member's name or address, the Filer was not required to provide that name. If the Filer indicated that an address was a family member's address, the Filer was not required to provide that address.

#### **Real Estate**

13. Identify all Real Estate in Massachusetts which you owned directly or through a Business as of December 31, 2018, and which had an assessed value greater than \$1,000, and provide the required information for each Real Estate holding.

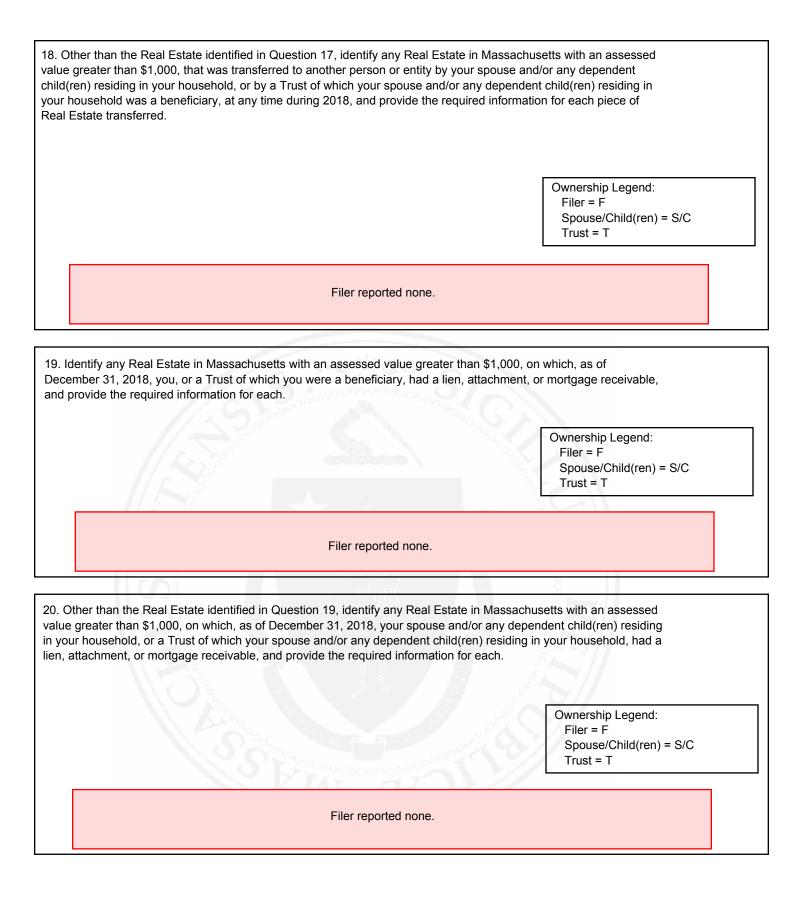
Ownership Legend: Filer = F Spouse/Child(ren) = S/C Trust = T

	Transferred?	Transferor Name	Transferor Address	Assessed Value
Redacted F, S/C	No			\$100,001 or more

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14. Other than the Real Estate identified in Question 13, identify all Real Estate in Massachusetts which your spouse and/or any dependent child(ren) residing in your household owned directly or through a Business as of December 31, 2018, and which had an assessed value greater than \$1,000, and provide the required information for each Real Estate holding.	
Filer reported none.	
15. Identify any Trust of which you were a beneficiary, and which owned Real Estate in Massachusetts as of December 31, 2018, with an assessed value greater than \$1,000, and provide the required information for each such Trust and Real Estate holding.	
Beneficiary Legend: Filer = F Spouse/Child(ren) = S/C Trust = T	
Filer reported none.	
16. Other than the Real Estate identified in Question 15, identify any Trust of which your spouse and/or any dependent child(ren) residing in your household was a beneficiary, and which owned Real Estate in Massachusetts as of December 31, 2018, with an assessed value greater than \$1,000, and provide the required information for each such Trust and Real Estate holding.	
Filer reported none.	
17. Identify any Real Estate in Massachusetts with an assessed value greater than \$1,000, that was transferred to another person or entity by you, or by a Trust of which you were a beneficiary, at any time during 2018, and provide the required information for each Real Estate holding.	
Ownership Legend: Filer = F Spouse/Child(ren) = S/C Trust = T	
Filer reported none.	

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NOTE: If the Filer answered "YES" to a Question in the following section, one or more columns in the Table for that Question may be blank in the following situations: If the Filer indicated that the name of the person and/or the trust was a family member's name or address, the Filer was not required to provide that name. If the Filer indicated that an address was a family member's address, the Filer was not required to provide that address.

#### **Financial Investments**

21. Identify every bond or other security issued by the Commonwealth of Massachusetts or its political subdivisions, agencies, and authorities, which you owned directly or through a Business, as of December 31, 2018, and which had a fair market value as of that date greater than \$1,000, and provide the required information for each such investment.

Ownership Legend: Filer = F Spouse/Child(ren) = S/C Trust = T

Filer reported none.

22. Other than the bonds or other securities identified in Question 21, identify every bond or other security issued by the Commonwealth of Massachusetts or its political subdivisions, agencies, and authorities, which your spouse and/or any dependent child(ren) residing in your household owned directly or through a Business, as of December 31, 2018, and which had a fair market value as of that date greater than \$1,000, and provide the required information for each such investment.

Filer reported none.

23. Identify every bond or other security issued by the Commonwealth of Massachusetts or its political subdivisions, agencies, and authorities, which was owned as of December 31, 2018, by a Trust of which you were a beneficiary, whether directly or through a Business, and which had a fair market value as of that date greater than \$1,000, and provide the required information for each such investment.

Beneficiary Legend:
Filer = F
Spouse/Child(ren) = S/C
Trust = T

Filer reported none.

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agencie depende	ntify every bond or other security issued by the Commonwealth of Massachusetts or its political subdivisions, es, and authorities, which was owned as of December 31, 2018, by a Trust of which your spouse and/or any dent child(ren) residing in your household was a beneficiary, whether directly or through a Business, and which air market value as of that date greater than \$1,000, and provide the required information for each such nent.	
	Filer reported none.	
	ntify every Financial Investment that you owned directly or through a Business as of December 31, 2018, and had a fair market value as of that date greater than \$1,000, and provide the required information for each.	
	Ownership Legend: Filer = F Spouse/Child(ren) = S/C Trust = T	
	Filer reported none.	
spouse Decemb informat	her than the Financial Investments identified in Question 25, identify every Financial Investment that your and/or any dependent child(ren) residing in your household owned directly or through a Business as of ber 31, 2018, and which had a fair market value as of that date greater than \$1,000, and provide the required ation for each. For any Financial Investment not included on the drop-down list of publicly traded stock, you rovide the issuer's principal place of business or state of incorporation as well as its address.	
	Filer reported none.	
benefici informat	ntify every Financial Investment that was owned as of December 31, 2018, by a Trust of which you were a ciary, and which had a fair market value as of that date greater than \$1,000, and provide the required ation for each. For any Financial Investment not included on the drop-down list of publicly traded stock, you rovide the issuer's principal place of business or state of incorporation as well as its address.  Beneficiary Legend: Filer = F Spouse/Child(ren) = S/C	
	Trust = T	]
	Filer reported none.	

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28. Other than the Financial Investments identified in Question 27, identify every Financial Investment that was owned as of December 31, 2018, by a Trust of which your spouse and/or any dependent child(ren) residing in your household was a beneficiary, and which had a fair market value as of that date greater than \$1,000, and provide the required information for each. For any Financial Investment not included on the drop-down list of publicly traded stock, you must provide the issuer's principal place of business or state of incorporation as well as its address.

Filer reported none.

<u>NOTE</u>: If the Filer answered "YES" to a Question in the following section, one or more columns in the Table for that Question may be blank in the following situations: If the Filer indicated that the name of the person and/or the trust was a family member's name or address, the Filer was not required to provide that name. If the Filer indicated that an address was a family member's address, the Filer was not required to provide that address.

# **Debts and Mortgages**

29. Identify all mortgages, including home equity and reverse mortgage loans, on your Primary Residence, on which more than \$1,000 was owed as of December 31, 2018, where the creditor (person who loaned you the money) is <u>NOT</u>, by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the required information for each.

Creditor Name	Creditor Address	Mortgage Term	Interest Rate (%)	Termination Year
US Bank	P.O. 6352, Fargo, ND, 58125, US	30 Years	3.65	2046

30. Did you have a mortgage, including a home equity or reverse mortgage loan, on any property <u>OTHER</u> than your Primary Residence, on which more than \$1,000 was owed as of December 31, 2018, which you were obligated to pay and where the creditor (person who loaned you the money) is <u>NOT</u>, by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative?

Obligor Legend:
Filer = F
Spouse/Child(ren) = S/C
Trust = T

Filer reported none.

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31. Identify all mortgages, including home equity and reverse mortgage loans, <u>OTHER</u> than an your Primary Residence or any mortgage identified in response to Question 30, on which more than \$1 owed as of December 31, 2018, and which your spouse and/or any dependent child(ren) residing in you were obligated to pay and where the creditor (person who loaned the money to your spouse and/or dep child(ren) residing in your household) is <u>NOT</u> , by blood or marriage, your parent, grandparent, grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spousuch relative, and provide the required information for each.	.000 was ur household endent great
Filer reported none.	
32. Identify all non-mortgage debts of more than \$1,000 that you owed as of December 31, 2018, IF the whom you owed the debt is <u>NOT</u> , by blood or marriage, your parent, grandparent, great grandparent, grandparent, great grandparent, grandparent, great grandparent, grandpar	parent, child,
Filer reported none.	
33. Identify all non-mortgage debts of more than \$1,000 that your spouse and/or any dependent child(re your household owed as of December 31, 2018, <u>IF</u> the person to whom your spouse and/or an child(ren) residing in your household owed the debt is <u>NOT</u> , by blood or marriage, your parent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the any such relative, and provide the required information for each.	y dependent grandparent,
Filer reported none.	
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	///
34. Identify non-mortgage debts of more than \$1,000 which you owed and which were forgiven at any t 2018, <u>EXCLUDING</u> debts forgiven by a person who is, by blood or marriage, your parent, gran grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spot such relative, and provide the required information for each.	dparent, great
Filer reported none.	

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residir persor	entify non-mortgage debts of more than \$1,000 that were owed by your spouse and/or any dependent child(ren) and in your household and were forgiven at any time during 2018, <u>EXCLUDING</u> debts forgiven by a number who is, by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great-grandchild, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the required information ch.	
	Filer reported none.	
Reim	bursments, Gifts, and Honoraria	
	entify any Reimbursements for expenses in excess of \$100 provided to you at any time during 2018 by any ative agent or executive agent (lobbyist).	
	Filer reported none.	
Quest	dentify any Reimbursements for expenses in excess of \$100, other than those identified in response to ion 36, you received at any time during 2018 from any person having a direct interest in legislation, legislative, or a matter before a governmental body.	
	Filer reported none.	
	entify any Reimbursements for expenses in excess of \$100 provided to your spouse and/or any dependent ren) residing in your household at any time during 2018 by any legislative agent or executive agent (lobbyist).	
	Filer reported none.	

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37.a Identify any Reimbursements for expenses in excess of \$100, other than those identified in response to Question 37, provided to your spouse and/or dependent child(ren) residing in your household at any time during 2018 by any person having a direct interest in legislation, legislative action, or a matter before a governmental body.
Filer reported none.
38. Identify any Gifts and/or Honoraria worth more than \$100 provided to you at any time during 2018 by any person having a direct interest in legislation, legislative action, or a matter before a governmental body.
Filer reported none.
39. Identify any Gifts and/or Honoraria worth more than \$100 provided to your spouse and/or any dependent child(ren) residing in your household at any time during 2018 by any person having a direct interest in legislation, legislative action, or a matter before a governmental body.  Filer reported none.
NOTE: If the Filer answered "YES" to a Question in the following section, one or more columns in the Table for that Question may be blank in the following situations: If the Filer indicated that the name of the person and/or the trust was a family member's name or address, the Filer was not required to provide that name. If the Filer indicated that an address was a family member's address, the Filer was not required to provide that address.
Blind Trusts
40. Did you, your spouse and/or any dependent child(ren) residing in your household during 2018, own anything that you have not reported on this Statement of Financial Interests because it was held in a Blind Trust during 2018?
Filer reported none.

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I, Glenn Rooney, certify under the pains and penalties of perjury that:

I made a diligent effort to obtain the required information concerning myself and my spouse and/or any dependent child(ren); and

The information provided on this form is true and complete, to the best of my knowledge.

Submitted: 01/29/2019

Did your spouse and/or any dependent child(ren) residing in your household decline to disclose information which is necessary to complete this form fully and accurately?

The following are the specific Question(s) which I decline to answer in whole or in part because I assert that the information is privileged by law:

Please explain the basis of your claim of privilege:

### IMPORTANT:

- 1. No DESIGNATED PUBLIC EMPLOYEE shall be allowed to continue in their duties or to receive compensation from public funds unless they have filed a Statement of Financial Interests with the State Ethics Commission.
- 2. The State Ethics Commission does not accept a faxed or emailed copy of a Statement of Financial Interests for filing.
- 3. If you were required to amend your Statement of Financial Interests last year, we encourage you to carefully review your 2018 filling before submitting.

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